Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

(	MC	B	No.	1	545-	1	87

Department of the Treasury		Do not send	d to the IRS. Keep for	your records.		2016
Internal Revenue Service  Name of exempt organization	► Information	about Form 8879-	EO and its instruction	is is at www.irs.go	Employer identifica	tion number
	IMMER FELI	NE FOUNDA	TION		46-20829	69
	DWARD F ZI					
	PRESIDENT,					
			(Whole Dollars Or			
Check the box for the retur						
check the box on line 1a, 2						
leave line 1b, 2b, 3b, 4b, 0				ou entered -0- on the	e return, then enter -0	)- on
the applicable line below.				(4) 11 40)		
1a Form 990 check here	b lotal re	venue, if any (Form	990, Part VIII, column	(A), line 12)	1b	
<ul><li>2a Form 990-EZ check he</li><li>3a Form 1120-POL check</li><li>4a Form 990-PF check he</li></ul>	ere D lota	tel tex (Form 1120	DOL line 22)		2b	
4a Form 990-PF check he	nere X b Tay b	sed on investmen	t income (Form 990 D	E Part \/I line 5\	3D	E17
5a Form 8868 check here	b Balance	Due (Form 8868, li	ne 3c)	r, ran vi, line 5)	40	517
	ion and Signatu					
on the organization being filed with a sl	onic return and accordicte. I further declare sturn. I consent to allow return to the IRS and asson for any delay in a y and its designated to indicated in the tax stitution to debit the electronic paying payment. I have sublicable, the organization only.  **HLAUPITZ &**  "Is tax year 2016 electronic return to the subject of the subject only."	npanying schedules at that the amount in ow my intermediate to receive from the naprocessing the retribution and the properties of the properties of the properties of the preparation software the properties of the preparation software the properties of the preparation software the preparation software the preparation software the preparation of the prep	and statements and to Part I above is the ame service provider, transit IRS (a) an acknowledgurn or refund, and (c) the initiate an electronic function of the organization of the organization of the organization of the initiation of the initiation of the organization of the initiation of the initiat	the best of my known on the count shown on the comitter, or electronic agement of receipt or the date of any refunds withdrawal (direct ganization's federal I must contact the date. I also authorized attention necessary to a link) as my signature real.  to enter my PIN	wledge and belief, the copy of the return originator (ERG reason for rejection id. If applicable, I ct debit) entry to the taxes owed on this U.S. Treasury Finance the financial institute answer inquiries and for the organization's Enter five numbers, bedonot enter all zeros	O) of cial tions s
the IRS Fed/State	within this return that	a copy of the return	signature on the organia is being filed with a sta 's disclosure consent s	ate agency(ies) reguscreen.	llating charities as pa	return. art of
Part III Certifica	tion and Auther	ntication		Date	02/09/17	
ERO's EFIN/PIN. Enter you						
number (EFIN) followed by						323999999 o not enter all zeros
I certify that the above num indicated above. I confirm t Information for Authorized	hat I am submitting t	his return in accorda	ance with the requirement	nically filed return fo ents of <b>Pub. 4163</b> , I	or the organization Modernized e-File (M	leF)
ERO's signature DAV	ID HAFFEY			Date	02/09/17	
			This Form — See		Do So	

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

# Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calen	dar year 2016 or tax year beginning , a	and ending				
N	ame of fo	undation			A Emplo	oyer identification number	
7	TMM	ER FELINE FOUNDATION			46-	-2082969	
		d street (or P.O. box number if mail is not delivered to street address)	Ro	oom/suite		none number (see instruction	5)
		OX 6815			505	5-466-1676	•
С	ty or towr	n, state or province, country, and ZIP or foreign postal code			C If ever	mption application is pending,	check here
_ :	ANT	'A FE NM 87502-6	815				
G	Check	all that apply: Initial return Initial retu	rn of a former public	charity	<b>D</b> 1. Fo	reign organizations, check he	re ▶
		Final return Amended	return		<b>2.</b> Fo	reign organizations meeting t	he
		Address change Name cha	ange		85	% test, check here and attach	computation
Н		type of organization: $\mathbf{X}$ Section 501(c)(3) exempt privation				ate foundation status was terr	
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab			section	n 507(b)(1)(A), check here .	▶ ∟
		rket value of all assets at J Accounting method:	Cash X Acc	rual		oundation is in a 60-month te	
	-	year (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶ \$ 1,459,394 (Part I, column (d) mus	t be on cash basis.)	1	Ī		( I) D: 1
ľ	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	<ul><li>(d) Disbursements for charitable</li></ul>
		the amounts in column (a) (see instructions).)	books	incon	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	100,228				
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. [					
	3	Interest on savings and temporary cash investments	219		219	219	
	4	Dividends and interest from securities	35,142	3	35,142	35,142	
	5a	Gross rents					
e	b	Net rental income or (loss)					
en	6a	Net gain or (loss) from sale of assets not on line 10	16,384				
Revenue	b	Gross sales price for all assets on line 6a 204,028		-	c 204		
2		Capital gain net income (from Part IV, line 2)		_	6,384	0	
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a b	Gross sales less returns and allowances					
	C	Less: Cost of goods sold					
	11	Other income (attach schedule)					
	12	<b>Total.</b> Add lines 1 through 11	151,973	5	1,745	35,361	
es		Compensation of officers, directors, trustees, etc.	0		-	-	
xpenses	14	Other employee salaries and wages					
be	15	Pension plans, employee benefits					
Ж	16a	Legal fees (attach schedule)					
\ V	b	Accounting fees (attach schedule) STMT 1	3,139				3,139
Operating and Administrative	С	Other professional fees (attach schedule)					
str	17	Interest Taxes (attach schedule) (see instructions) STMT 2					
Ξ	18		1,559				
딡	19	Depreciation (attach schedule) and depletion					
Ă	20	Occupancy					
pq	21 22	Travel, conferences, and meetings  Printing and publications					
a a	23	Printing and publications  Other expenses (att. sch.) STMT 3	276,668				276,668
ij	24	Total operating and administrative expenses.	_, 5, 550				2,0,000
ā		Add lines 13 through 23	281,366		0	0	279,807
be	25	Contributions, gifts, grants paid	0		-		0
0	26	Total expenses and disbursements. Add lines 24 and 25	281,366		0	0	279,807
	27	Subtract line 26 from line 12:	-				-
	а	Excess of revenue over expenses and disbursements	-129,393				
	b	Net investment income (if negative, enter -0-)		5	1,745		
	С	Adjusted net income (if negative, enter -0-)				35,361	

Form 990-PF (2016) ZIMMER FELINE FOUNDATION

46-2082969

Page 2

	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End	d of year
	raiti		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	7,616	11,65	11,657
	2	Savings and temporary cash investments	104,301	94,52	94,522
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts ▶ 0			
Ś	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	6,561	4,95	0 4,950
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 4	1,454,941	1,331,46	8 1,348,265
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
	.•	instructions. Also, see page 1, item I)	1,573,419	1,442,59	7 1,459,394
_	17	Accounts payable and accrued expenses	1,445		.6
	18	Grants payable	_,		
es	19	Deferred revenue			
Liabilities	20	Deferred revenue  Loans from officers, directors, trustees, and other disqualified persons			
혅	21	Mortgages and other notes payable (attach schedule)			
Ĕ	22	Other liabilities (describe			
	23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)	1,445	1	.6
_	23		1,113	<del>-</del>	.0
S		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.			
ğ	24	Unrestricted	1,571,974	1,442,58	17
ᆲ	24		1,3/1,3/4	1,442,50	<u>' <del>- '</del> </u>
ä	25	Temporarily restricted			
밀	26	Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
<b>Assets or Fund Balances</b>	27	Canital stock trust principal or current funda			
ţ	27				
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund			_
Ä		Retained earnings, accumulated income, endowment, or other funds	1,571,974	1 //2 EO	17
Set	30	Total net assets or fund balances (see instructions)	1,5/1,5/4	1,442,58	<u>'</u>
_	31	Total liabilities and net assets/fund balances (see	1 572 410	1 442 50	. 7
	Dort	instructions)	1,573,419	1,442,59	1
100000	Part		/may at a mus a!!!-		
1		net assets or fund balances at beginning of year – Part II, column (a), line 30			1 571 074
_	end-	of-year figure reported on prior year's return)			
2	r ⊨nte	r amount from Part I, line 27a		2	
		r increases not included in line 2 (itemize) ▶			
		lines 1, 2, and 3			
		eases not included in line 2 (itemize)			
6	olota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colun	nn (b), line 30	6	1,442,581

		FELINE FOUNDATION	tmont Incom		46-2082969	)		Page <b>3</b>
	•	and Losses for Tax on Inves ibe the kind(s) of property sold (e.g., real estate,	ineni incom	ie	(b) How acquired	(5)	Date acquired	(d) Date sold
		rehouse; or common stock, 200 shs. MLC Co.)			P – Purchase D – Donation		no., day, yr.)	(mo., day, yr.)
1a	VANGUARD HI YI	ELD CORP FUND			D	02	/02/06	04/11/16
b		ELD CORP FUND			D			09/29/16
С	VANGUARD HEALT	HCARE FUND			D	03	/04/15	05/27/16
d								
<u>e</u>								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale		(h) Gain (e) plus (f)	, ,
a	50,000		<u>'</u>		53,680			-3,680
<u>u</u>	50,000				51,336			-1,336
c	75,000				82,628			-1,336 -7,628
d	29,028				,			29,028
е	•							-
	Complete only for assets show	ng gain in column (h) and owned by t	he foundation or	n 12/	31/69		(I) Gains (Col.	(h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col. (i) (j), if any		col. (k), but not	less than -0-) <b>or</b> om col. (h))
а								-3,680
b								-1,336
С								-7,628
d								29,028
е			<u> </u>	_				
2	Capital gain net income or (net	capital loss) If gain, also enter If (loss), enter -0-				2		16,384
		oss) as defined in sections 1222(5) a		_				
		8, column (c) (see instructions). If (los	•	•		_		
		nder Costier 4040(s) for Do			at lassa atmosa t	3		
		nder Section 4940(e) for Re				ncoi	ne	
		te foundations subject to the section	1940(a) tax on n	et in	vestment income.)			
If se	ection 4940(d)(2) applies, leave	this part blank.						
Was	s the foundation liable for the se	ection 4942 tax on the distributable an	nount of any yea	ır in t	he base period?			Yes X No
If "Y	es," the foundation does not qu	alify under section 4940(e). Do not co	mplete this part	i.				
1	Enter the appropriate amount ir	n each column for each year; see the	instructions befo	ore m	aking any entries.			
	(a) Base period years	(b)			(c)		Diet	(d) ribution ratio
	Calendar year (or tax year beginning in			value	of noncharitable-use asse			livided by col. (c))
	2015		,834		1,569,			0.169990
	2014	199	,217		1,566,	<del>1</del> 96		0.127174
	2013							
	2012							
	2011							
2	Total of line 1, column (d)						2	0.297164
		e 5-year base period – divide the tota						0.237101
		has been in existence if less than 5 y					3	0.148582
	ridiliber of years the foundation	Thas been in existence in less than 5					<u> </u>	0.110502
4	Enter the net value of noncharit	able-use assets for 2016 from Part X	. line 5				4	1,494,688
								, - ,
5	Multiply line 4 by line 3						5	222,084
	• • • • • • • • • • • • • • • • • • • •							
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)					6	517
7	Add lines 5 and 6						7	222,601
•	Forting and DE days 12 of 12 o	De et VIII En a 4						270 907
8	Enter qualitying distributions fro	om Part XII, line 4					8	279,807

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions.

Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			517
	here ▶ X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
3	Add lines 1 and 2			517
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			517
6	Credits/Payments:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016			
b	Exempt foreign organizations – tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		1,	300
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check her if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10			783
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax > 783 Refunded > 11			
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4-	Yes	
<b>L</b>	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	46		х
	Instructions for the definition)?  If the angular is "Yes" to 12 or 15, ottock a detailed description of the activities and copies of any materials.	1b		Α.
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials			
•	published or distributed by the foundation in connection with the activities.  Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			Λ
u	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
·	on foundation managers. • \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If "Yes," attach a detailed description of the activities.	· · ·		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X'	V	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
b	NM  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
IJ	(or designate) of each state as required by Constal Instruction C2 If "No." attach symbols from	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		42	
٠	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part VIV	9	х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	····	+	
. •	names and addresses	10		v

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	<b></b> -	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.ZIMMER-FOUNDATION.ORG			
14	The books are in care of ► ED ZIMMER  Telephone no. ► 505	-466-	-T6.	/6
	PO BOX 6815	00 60	<b>71</b> -	
	Located at ▶ SANTA FE NM ZIP+4 ▶ 875	02-68	3T2	· <u>· · · · · · ·</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – Check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the year		T.,	1
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	-	Yes	
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
D	the foreign country ►  art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Г			Vaa	No
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X N			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	0		
	diagnalified paragra	^		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes  X N			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	0		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	0		
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	_		
	were not corrected before the first day of the tax year beginning in 2016?	A 1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?	0		
	If "Yes," list the years ▶ 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	_		
	all years listed, answer "No" and attach statement – see instructions.)	A 2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
•	▶ 20, 20, 20			
3a	·			
<b>L</b>	at any time during the year? Yes X N If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	U		
b				
	disqualified persons after May 26, 1969; <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or <b>(3)</b> the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had expans hydrings haldings in 2016 \	A 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	+	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х

Pa	art VII-B Statements Regard	ding Activities for Which Fo	orm 4720 Mav B	e Required (d	continued)		
	During the year did the foundation pay		, , , , , , , , , , , , , , , , , , ,				
	(1) Carry on propaganda, or otherwise	•	ction 4945(e))?		res X No		
	(2) Influence the outcome of any spec						
	directly or indirectly, any voter regi	atration drive?			res X No		
	(3) Provide a grant to an individual for		ses?		res X No		
	(4) Provide a grant to an organization						
	section 4945(d)(4)(A)? (see instruc	<del>-</del>			res X No		
	(5) Provide for any purpose other than						
	purposes, or for the prevention of				res X No		
b	If any answer is "Yes" to 5a(1)–(5), did						
	Regulations section 53.4945 or in a cu		•		N/A	5b	
	Organizations relying on a current noti			,			
С	If the answer is "Yes" to question 5a(4				Ш		
	because it maintained expenditure res			N/A \	∕es No		
	If "Yes," attach the statement required	by Regulations section 53.4945–5(	d).				
6a	Did the foundation, during the year, re	ceive any funds, directly or indirectly	, to pay premiums				
	on a personal benefit contract?			\ \ \	res X No		
b	Did the foundation, during the year, pa	ay premiums, directly or indirectly, o	n a personal benefit o	contract?		6b	X
	If "Yes" to 6b, file Form 8870.						
	At any time during the tax year, was the				∕es X No		
	If "Yes," did the foundation receive any					7b	
Pa		Officers, Directors, Trustees	s, Foundation M	anagers, Hig	hly Paid Emp	oloyee	es,
4 1	and Contractors			4			
1 L	List all officers, directors, trustees, fo	bundation managers and their cor	npensation (see ins	tructions).			
	(a) Name and	address	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit		nse account,
	(a) Name and	address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred		nse account, Illowances
- FT			hours per week devoted to position	(If not paid,	employee benefit		
	WARD F ZIMMER	SANTA FE	hours per week devoted to position  PRESIDENT, T	(If not paid, enter -0-)	employee benefit plans and deferred compensation		llowances
PC	WARD F ZIMMER D BOX 6815	SANTA FE NM 87502-6815	hours per week devoted to position  PRESIDENT, T 8.00	(If not paid,	employee benefit plans and deferred		
PC KA	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER	SANTA FE NM 87502-6815 SANTA FE	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE	(If not paid, enter -0-)	employee benefit plans and deferred compensation		illowances 0
PC KA	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER D BOX 6815	SANTA FE NM 87502-6815 SANTA FE NM 87502-6815	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation		llowances
PC KA PC	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER	SANTA FE NM 87502-6815 SANTA FE	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE	(If not paid, enter -0-)	employee benefit plans and deferred compensation		illowances 0
PC KA PC	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER D BOX 6815 THIA MARSHALL	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation		llowances 0
PC KA PC	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER D BOX 6815 THIA MARSHALL	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation		llowances 0
PC KA PC CY	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER D BOX 6815 THIA MARSHALL	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  0		llowances 0
PC KA PC CY	WARD F ZIMMER  D BOX 6815  THRYN M ZIMMER  D BOX 6815  NTHIA MARSHALL  D BOX 6815	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  0		llowances 0
PC KA PC CY	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER D BOX 6815 NTHIA MARSHALL D BOX 6815 Compensation of five highest-paid	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  0  0  none, enter	other a	0 0
PC KA PC CY	WARD F ZIMMER D BOX 6815 THRYN M ZIMMER D BOX 6815 NTHIA MARSHALL D BOX 6815 Compensation of five highest-paid	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	llowances 0
PC KA PC CY	WARD F ZIMMER  D BOX 6815  THRYN M ZIMMER  D BOX 6815  NTHIA MARSHALL  D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  uded on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter	(e) Exper	0 0 0
PC KA	WARD F ZIMMER  D BOX 6815  THRYN M ZIMMER  D BOX 6815  NTHIA MARSHALL  D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0
PC KA	WARD F ZIMMER D BOX 6815 DITHRYN M ZIMMER D BOX 6815 DITHIA MARSHALL D BOX 6815  Compensation of five highest-paid ("NONE."	SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  SANTA FE  NM 87502-6815  employees (other than those includes	hours per week devoted to position  PRESIDENT, T 8.00  VICE PRESIDE 40.00  DIRECTOR 1.00  Lided on line 1 – see	(If not paid, enter -0-)  0  0 instructions). If	employee benefit plans and deferred compensation  0  0  none, enter  (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0

Form **990-PF** (2016)

**Total** number of other employees paid over \$50,000

Form **990-PF** (2016)

 $\triangleright$ 

All other program-related investments. See instructions

Total. Add lines 1 through 3

46-2082969 Form 990-PF (2016) ZIMMER FELINE FOUNDATION Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,402,647 Average monthly fair market value of securities 1a а 109,047Average of monthly cash balances Fair market value of all other assets (see instructions) 5,756 С 1c Total (add lines 1a, b, and c) 1,517,450 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) <u>1e</u> 2 Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d ..... 1,517,450 3 3 Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here |X| and do not complete this part.) Minimum investment return from Part X, line 6 Tax on investment income for 2016 from Part VI, line 5 2a 2a Income tax for 2016. (This does not include the tax from Part VI.) **2b** Add lines 2a and 2b С Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Deduction from distributable amount (see instructions) 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII **Qualifying Distributions** (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 279,807 Program-related investments – total from Part IX-B 1b b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 279,807 4

4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Enter 1% of Part I, line 27b (see instructions)
5
6 Adjusted qualifying distributions. Subtract line 5 from line 4
6 27

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2016)

Pa	art XIII Undistributed Income (see instructions	s)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				
2	Undistributed income, if any, as of the end of 2016:				
b	Total for prior years:20 , 20 , 20				
3	Excess distributions carryover, if any, to 2016:				
	From 2011				
b	From 2012				
C	From 2012				
d	From 2013				
	From 2014				
e	From 2015				
	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
	line 4: ▶ \$ 279,807				
	Applied to 2015, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2016 distributable amount				
е	Remaining amount distributed out of corpus	279,807			
5	Excess distributions carryover applied to 2016				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	279,807			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount – see instructions				
е	Undistributed income for 2015. Subtract line				
	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2017				
7	Amounts treated as distributions out of corpus				
-	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2011 not				
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.				
3	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
	- I				
a	Excess from 2012				
b	Excess from 2013				
C	Excess from 2014				
d	Excess from 2015				
е	Excess from 2016				

Form 990-PF (2016) ZIMMER FELINE FOUNDATION Page **10** Private Operating Foundations (see instructions and Part VII-A, question 9) 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling 11/12/13 b Check box to indicate whether the foundation is a private operating foundation described in secti(X 4942(j)(3) or 4942(j)(5) Tax year Prior 3 years 2a Enter the lesser of the adjusted net (e) Total **(b)** 2015 (d) 2013 (a) 2016 (c) 2014 income from Part I or the minimum investment return from Part X for each year listed ..... 35,361 42,825 50,242 128,428 30,057 36,401 42,706 109,164 85% of line 2a Qualifying distributions from Part XII, line 4 for each year listed ..... 279,807 268,101 199,217 747,125 **d** Amounts included in line 2c not used directly for active conduct of exempt activities .... Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 279,807 268,101 199,217 747,125 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) ..... **b** "Endowment" alternative test – enter 2/3 of minimum investment return shown in 49,823 Part X, line 6 for each year listed 52,323 52,217 154,363 "Support" alternative test – enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) ..... (3) Largest amount of support from an exempt organization ...... (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XV any time during the year – see instructions.) **Information Regarding Foundation Managers:** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \( \bigvee \bigvee X \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: N/A**b** The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

N/A

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Page **11** 

3 Grants and Contributions Paid During th		r Future Payment	1	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year N/A	or substantial contributor			
Total			▶ 3a	
b Approved for future payment N/A				
Total			<b>▶</b> 3h	

		2016) ZIMMER FELINE FOUNDAT.		46-	2082965	<del>,</del>	Page 12
F	Part XVI-A	Analysis of Income-Producing Ac	ctivities				
En	er gross an	nounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by s	ection 512, 513, or 514	(0)
	_		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	(e) Related or exempt function income (See instructions.)
1	_	ervice revenue:					(Geo mondono.)
	a						
	b						
	c	_					
	d						
	е						
	f						
		nd contracts from government agencies					
2	Membersh	p dues and assessments					
3	Interest on	savings and temporary cash investments			14	219	
4	Dividends a	and interest from securities			14	35,142	
		ncome or (loss) from real estate:					
		nanced property					
	<b>b</b> Not del	ot-financed property					
6	Net rental i	ncome or (loss) from personal property					
		stment incomess) from sales of assets other than inventory			14	16,384	
٥	Not income	or (loss) from appoint events			1 2 2	10,301	
40	Cross profi	e or (loss) from special events					
		t or (loss) from sales of inventory					
11	Other reve						
	d						
	е						
12	Subtotal. A	dd columns (b), (d), and (e)			0	51,745	0
13	Total. Add	line 12, columns (b), (d), and (e)				13	51,745
(Se	e workshee	t in line 13 instructions to verify calculations.)					
F	art XVI-E	Relationship of Activities to the A	Accomplishm	ent of Exem	pt Purpose	es	
	Line No.	Explain below how each activity for which incom	e is reported in o	olumn (e) of Pai	rt XVI-A contri	buted importantly to	the .
	▼	accomplishment of the foundation's exempt purp	ooses (other than	by providing fur	nds for such p	urposes). (See inst	ructions.)
	N/A						
_							
			·	·		·	

Dort VIII	Information Described Transfers To and Transactions and Deletionships With Newsberitable
Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

		Exempt Organ	iizations						
1 [	oid the org	ganization directly or	indirectly eng	gage in any of the	following with a	ny other organization	described	Yes	No
ir	section :	501(c) of the Code (	other than sec	ction 501(c)(3) org	janizations) or ii	n section 527, relating	g to political		
C	rganizatio	ons?							
a T	ransfers t	from the reporting fo	undation to a	noncharitable exe	empt organization	on of:			
(	1) Cash							1a(1)	X
Ċ	2) Other a							1a(2)	Х
b C	ther trans	sactions:							
(	1) Sales	of assets to a nonch	aritable exem	pt organization				1b(1)	x
								1b(2)	Х
Ċ	3) Rental	of facilities, equipm	ent. or other a	ssets				1b(3)	X
ù	4) Reimb	ursement arrangem	ents					1b(4)	X
Ġ	5) Loans	or loan guarantees						1b(5)	X
		nance of services o			1: - 14 - 41			1b(6)	X
-	-	facilities, equipmen	-	=				1c	X
	_		-				rays show the fair market		
		-		•	-		ceived less than fair market		
		-			-		assets, or services received.		
	Line no.	(b) Amount involved		e of noncharitable exem			of transfers, transactions, and sharing a	rrangements	
N/A			,,			, , ,	, ,		
2a	s the foun	dation directly or inc	lirectly affiliate	ed with, or related	to, one or more	tax-exempt organiza	tions		
		in section 501(c) of	•					Yes 2	X No
		emplete the following			(-)(-)				
		a) Name of organization	,	(b) Type of o	organization		(c) Description of relationship		
N	/A								
							s, and to the best of my knowledge ar	d belief, it is to	rue,
	correct, a	and complete. Declaration	i or preparer (otne	er than taxpayer) is bas	sed on all informatio	n of which preparer has an	May the IRS disc	cuss this return	
Sign							with the prepare		□ I
Here							(see instructions	)? X Yes	No
							PRESIDENT, TR	EASUR	ER
	Sign	nature of officer or trustee			Date		Title		
	Print/T	ype preparer's name			Preparer's signatu	ıre	Date	Chi	.r
					,			Chec self-e	ck if employed
Paid	DAVI	D HAFFEY			DAVID HAR	FEY	02/1		
Prepai	Firm's	name ► SCH	LAUPITZ	& MADHAV	AN, P.C	•	PTIN PO	000188	34
Jse O	niv			ADIUM BLV	•			31486	
			ARBOR,		3-5285			-665-	
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544400 Zimmer Feline Foundation 2/9/2017 5:36 PM **Federal Statements** 

46-2082969

FYE: 12/31/2016

# Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total		Net _Investment_		Adjusted Net		Charitable Purpose	
TAX PREPARATION	\$	3,139	\$		\$		\$	3,139
TOTAL	\$	3,139	\$	0	\$	0	\$	3,139

# Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total		Net Investment		Adjusted Net		Charitable Purpose	
INDIRECT TAXES/LICENSES	\$	1,559	\$		\$		\$	
TOTAL	\$	1,559	\$	0	\$	0	\$	0

## Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose		
	\$	\$	\$	\$		
EXPENSES						
OLDER CATS PROGRAM	5,205			5,205		
ACUTE CARE PROGRAM	11,479			11,479		
LOW INCOME SPAY-NEUTER PROGRA	129,709			129,709		
COMMUNITY SPAY-NEUTER	124,131			124,131		
WEBSITE	458			458		
POSTAGE	805			805		
OFFICE SUPPLIES	2,415			2,415		
TELEPHONE	1,806			1,806		
OTHER EXPENSE	660			660		
TOTAL	\$ 276,668	\$0	\$0	\$ 276,668		

544400 Zimmer Feline Foundation

46-2082969

**Federal Statements** 

FYE: 12/31/2016

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of <u>Year</u>	Basis of Valuation	Fair Market Value
MUTUAL FUNDS	\$1,454,941	\$1,331,468	COST	\$ 1,348,265
TOTAL	\$ 1,454,941	\$ 1,331,468		\$ 1,348,265

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#### **Federal Statements**

FYE: 12/31/2016

46-2082969

#### Statement 5 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

#### Description

OUR LOW INCOME CAT SPAY/NEUTER PROGRAM FIXED 1,620 CATS FOR APPROXIMATELY 1,130 HOUSEHOLDS WITH ANNUAL GROSS INCOMES OF LESS THAN \$40,000. THESE SURGERIES WERE FUNDED ENTIRELY BY THE FOUNDATION, WITH NO CO-PAYS CHARGED TO PET OWNER/CAREGIVERS. THIS WORK WAS DONE LOCALLY, IN ELEVEN COUNTIES THROUGH THE PARTICIPATION OF 26 PRIVATE SPAY/NEUTER AND VETERINARY CLINICS. ANOTHER 265 OWNER/CAREGIVERS RECEIVED VOUCHERS FOR OUR SPAY/NEUTER SERVICES THAT WERE NOT YET REDEEMED DURING THE YEAR.

### Statement 6 - Form 990-PF, Part IX-A, Line 2 - Summary of Direct Charitable Activities

#### Description

OUR COMMUNITY CAT CARE PROGRAM PROVIDED ESSENTIAL VETERINARY CARE FOR AN ADDITIONAL 2,022 CATS THROUGH PARTNERING WITH FIVE OTHER NEW MEXICO NONPROFIT ORGANIZATIONS WHOSE SPAY AND NEUTER PROGRAMS REACHED CATS NOT EASILY COVERED BY OUR OWN DIRECT SPAY/NEUTER PROGRAM. THROUGH THESE ADDITIONAL PROGRAMS, FREE TRAP-NEUTER-RETURN SERVICES FOR FERAL CAT POPULATIONS WERE PROVIDED IN SAN MIGUEL, RIO ARRIBA, MCKINLEY AND TAOS COUNTIES.

#### Statement 7 - Form 990-PF, Part IX-A, Line 3 - Summary of Direct Charitable Activities

#### Description

OUR VETERINARY CARE ASSISTANCE PROGRAM HELPED ANOTHER 55 LOW-INCOME HOUSEHOLDS OBTAIN URGENT CARE FOR THEIR PET CATS. THIS PROGRAM WAS EXPANDED TO PROVIDE FOR SICK CATS IN ADDITION TO INURED CATS.

#### Statement 8 - Form 990-PF, Part IX-A, Line 4 - Summary of Direct Charitable Activities

#### Description

OUR OLDER CATS PROGRAM PROVIDES CONTINUED SUPPORT FOR ORPHANED ELDERLY CATS REMAINING FROM A SHELTER PROGRAM CONDUCTED BY A PREDECESSOR ORGANIZATION. THIS PROGRAM IS BEING DISCONTINUED AND CATS ARE NO LONGER ACCEPTED, BUT TWO OLDER CATS REMAIN IN THE PROGRAM AT THE END OF 2016.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization

46-2082969 ZIMMER FELINE FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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Page 2

Name of organization
ZIMMER FELINE FOUNDATION

Employer identification number 46-2082969

Part I	Contributors (See instructions). Use duplicate copies of	f Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	EDWARD ZIMMER PO BOX 6815  SANTA FE NM 87502-6815	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### ZIMMER FELINE FOUNDATION

#### 46-2082969 FORM 990-PF ESTIMATES

Form	990-W	Est			elated Busin				OMB No. 1545-0976
(Wor	ksheet) ment of the Treasury Revenue Service	Кееј	(and on Invest	ment Inco	xempt Organ ome for Private Fou end to the Internal	ındatior	ns)		2017
1	Unrelated business ta	axable income expe	cted in the tax year					1	
2	Tax on the amount on	line 1. See instruction	s for tax computation					2	
3	Alternative minimum	tax. See instructions	s					3	
4	Total. Add lines 2 and	13						4	
5	Estimated tax credits.	See instructions						5	
6	Subtract line 5 from li	ne 4						6	
7	Other taxes. See instr	ructions						7	
8	Total. Add lines 6 and	17						8	
9	Credit for federal tax	paid on fuels. See ir	structions					9	
		estimated tax paym	ents. Private founda	ations, see	e 	10a	517		
	Enter the tax shown of zero or the tax year we enter the amount from 2017 Estimated Tax.	vas for less than 12 n line 10a on line 10	months, skip this lir	ne and	rganization is require	10b	517		
	skip line 10b, enter th					<u>.</u>		10c	517
			(a)		(b)		(c)		(d)
11	Installment due date instructions		05/15/	17	06/15/1	7	09/15/17	,	12/15/17
12 13	Required installmen 25% of line 10c in col through (d). But see i if the organization use annualized income in method, the adjusted installment method, o organization."	umns (a) nstructions es the stallment seasonal r is a "large		130		130		130	130
	inatoriana	13		130		130		130	130
14	Payment due (Subtra from line 12)	000000000000000000000000000000000000000							

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

Form **990PF** 

# **Two Year Comparison Report**

2015 & 2016

For calendar year 2016, or tax year beginning

, ending

Name

Taxpayer Identification Number 46-2082969

ZIMMER FELINE FOUNDATION

		2015		201	C	Differences		
Т	D				-			
	Reve	enue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	
1. Contributions, gifts, grants, and similar amounts receive	ed.	100,650		100,228		-422		
2. Interest on savings and temporary cash investments	2.	28	28	219	219	191	191	
3. Dividends and interest from securities	3.	42,797	42,797	35,142	35,142	<b>-7,655</b>	-7,655	
4. Gross rents	4.							
5. Net gain or (loss) from sale of assets	5.	83,850		16,384		-67,466		
6. Capital gain net income	6.		83,850		16,384		-67,466	
7. Gross profit or (loss)	7.							
8. Other income	8.							
9. Total. Add lines 1 through 8	9.	227,325	126,675	151,973	51,745	-75,352	-74,930	
	10.							
	11.							
12. Pension plans, employee benefits	12.							
13. Professional fees	13.	1,077		3,139		2,062		
14. Interest	14.							
<b>15.</b> Taxes	15.	413		1,559		1,146		
	16.							
17. Occupancy	17.							
18. Other expenses	18.	267,024		276,668		9,644		
	19.	0		0		0		
20. Total expenses and disbursements. Add lines 10 through 19	20.	268,514		281,366		12,852		
21. Net income (if negative investment activity, enter -0		-41,189	126,675	-129,393	51,745	-88,204	-74,930	
	22.		1,267		517		-750	
23. Section 511 Tax	23.							
24. Subtitle A income tax	24.							
25. Total Taxes	25.		1,267		517		-750	
26. Estimates and overpayments credited	26.		1,008		1,300		292	
	27.							
	28.							
29. Total payments and credits	29.		1,008		1,300		292	
30. Balance due / (Overpayment)	30.		259		-783		-1,042	
31. Overpayment credited to next year	31.				783		783	
	32.							
	33.		259		0		-259	
34. Total assets	34.	1,573,419		1,442,597		0		
	35.	1,445		16		0		
		1,571,974		1,442,581		0		